

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769472

FILED
Apr 03, 2008
Secretary of State

Entity Name: LIGHTHOUSE CENTRAL FLORIDA, INC.

Current Principal Place of Business:

215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-2418228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NASEHI, LEE
215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: NEWNUM, JANE
Address: 1443 HIBISCUS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VP/D () Delete
Name: BEEDLE, NICOLE O.D.
Address: 460 EAST JACKSON STREET #7
City-St-Zip: ORLANDO, FL 32801

Title: T/D () Delete
Name: NICE, MARINA
Address: 1920 ENGLEWOOD ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: S/D () Delete
Name: HOWELL, BARBARA
Address: 12703 MONTEVISTA ROAD
City-St-Zip: CLERMONT, FL 34711

Title: ED () Delete
Name: NASEHI, LEE
Address: 215 E NEW HAMPSHIRE STREET
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH/D (X) Change () Addition
Name: ROSS, TOM T ESQ
Address: 420 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: VC/D (X) Change () Addition
Name: HOWELL, BARBARA
Address: 12703 MONTEVISTA ROAD
City-St-Zip: CLERMONT, FL 32711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: SHIPLEY, TERESA D
Address: 445 WEST AMELIA STREET
City-St-Zip: ORLANDO, FL 32801

Title: P/O (X) Change () Addition
Name: NASEHI, LEE
Address: 215 E NEW HAMPSHIRE STREET
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA ESBENSEN

VP/O

04/03/2008

Electronic Signature of Signing Officer or Director

Date